NAMES OF THE PROPERTY REGISTER OF THE PROPERTY	MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-023758$									
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Clarence Arthur Peterson ORATH June 12 1962 5 / 6 . SEX 6. COLOR PRACE 7. Married 10 Never Married 10 Provents of BRTH 9. ADE (IND DEET TEAR IT UNDER ZIER Married 10 Provents of BRTH 12 PRACE (City and state or country) 15 (IND USIAL OCCUPATION (Give lind of work done) 10 Provents of Married 10 P	20530,	[∆	_		Manual Course G. Wallace Hosp. 18 18 18 18 18 18 18 18 18 18 18 18 18	16. #5				
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13. FATHER'S HAME WM. H. Peterson OBTOLINE P. Brisbin Alberta Peterson Address Rt.#5 Wm. H. Peterson 15. WAS DECEASED EVER IN U.S. AGMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rt.#5 Mrs. Alberta Peterson. Lebanon, Mo. Interval Erwern	6 "	ا ا				"				
Name	 	\$								
15. WAS DECLASED EVER MUSS. ARMED FORCES? 6. SOCIAL SECURITY NO. 17. INFORMANT Address Rt. #5 10. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 U =	3								
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PART I. DEATH WAS CAUSE (a) 12 /- 0		אָל ה	11	_		// / INTERVAL BETWEEN				
Conditions, if any, which gave rise to 13/10 / NOT STATE 13/10 15			11	Z.	PART I. DEATH WAS CAUSED BY:					
Conditions, if any, which gave rise to year last. O		ᅙᅜ]	Š	IMMEDIATE CAUSE (a) [[WWW.WWG.DRANGURLAND.W. W.					
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The state of the deceased from the causes stated. 20d. Injury Occurred while at work 20e. Place of Injury (e.g., in or about home, and to the best of my spowledge, from the causes stated. 21. I attended the deceased from the causes stated. 22e. SIGNAFURE 22e. SIGNAFURE 22e. DATE SIGNED 23e. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 16wn, or county) (State) 22e. DATE SIGNATURE 23e. FUNERAL DIRECTOR 23e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 24e. FUNERAL DIRECTOR 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 25e. DATE RECD. BY LOCAL REG. 26e. REGISTRAR'S SIGNATURE 26e		2			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter no	ture of injury in PART I or PART II of item 18.)				
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STATEMENT. BY LICENSED EMBALMER

I hereby certify that th	e body whose name is recorded on the	e reverse side of this certificate was embalmed by me,					
or by	-	, Student Embalmer No					
working under my personal sup	pervision.	Pio to Abbott					
Student	Signed	The production					
Signature of St	udent Embalmer	7					
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.							